

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000009339**

1. Corporation Name
Kelly Park, Inc.

2. Principal Office Address
12061 SW 121 Ave

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Miami FL

Zip Country
33186 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0722197

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

800004596948--4
-09/18/01--01045--002
****450.00 ****450.00

7. Name and Address of Current Registered Agent

Name
Robert Flavell, P.A.

Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Blvd

Suite, Apt. #, Etc.
5120

City
Miami

State Zip Code
FL 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date **9/12/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Kelly, John L.	99607 Overseas Hwy.	Key Largo, FL 33037
VPS	Kelly, Joan	99607 Overseas Hwy	Key Largo, FL 33037

MW

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ **ATTORNEY IN FACT** _____ Date **9/12/01** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)

PS 282

LAW OFFICES OF
ROBERT FLAVELL, P.A.

ROBERT FLAVELL

June 20, 2001

Florida Dept. of State
Division of Corporation
~~P.O. Box-6327~~
Tallahassee, FL 32314
Attn: Marquitta Williams

Re: Reinstatement of Kelly Park, Inc. Document No. P97000009339

Dear Ms. Williams:

This office represents the above-named corporation, which was administratively dissolved for failure to file an annual report.

Due to a shareholders dispute and the court ordered appointment of a receiver, our client did not receive the annual return to file in time. We are therefore requesting an abatement of the reinstatement fee. A check in the amount of \$450.00 was previously sent to your office for reinstatement.

Should you have any questions, please do not hesitate to contact my office. Thank you for your facilitation of this matter.

Sincerely,


Robert Flavell

Enc.